DEFENDANT: HENRY EDWARD HILDEBRAND III



RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mall Only For delivery information, visit our website at www.usps.com\*. Noshville - M. SAIII 00 Certified Mail Fee EN, MI 48457 m Extra Services & Fees (check box, edd fee at thorn file Return Receipt (hardcopy) n \$17.7 ☐ Return Receipt (electronic) Pintmark 10/.00/ Certified Mail Restricted Delivery Here AUG 24 2024 \$0.00' Adult Signature Required Adult Signature Restricted Delivery \$ 114.25 08/24/2024 Total Postage and Fees 7020 HENRY HILDEBRAND III NASHVILLE, TN 37205-

**DEFENDANT: CHARLES M. WALKER** 



**FENTON** 210 S LEROY ST FENTON, MI 48430-9998 (800)275-8777

08/24/2024 02:06 PM Pi uduct Qty Unit Price Price Priority Mail® \$14.25 Mashville, TN 37215 Weight: 3 lb 10.90 oz Expedited Delivery Date Mon 08/26/2024 \$0.00 Insurance up to \$100.00 included Reset inted Del \$12.75 Recipient name CHARLES M WALKER

Tracking #: 70203160000230014889 Heturn Receipt

Tracking #: 9590 9402 8627 3244 0681 83 Total \$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXX8359

Approval #: 314260 Transaction #: 188

AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT F Domestic Mail Only 40 48 For delivery information, visit our website at www.usps.com\*. Nu strail lite at TN 37215 300 9431 Extra Services & Fees (check Services & Fees (check no as acprop П Return Receipt (electronic) 41 **Postmake** Certified Mail Restricted Delivery 111 Here Adult Signature Required Adult Signature Restricted Delivery \$ \$14.25 0 MQ.144 20024 門田 Total Postage and Fees 20 **CHARLES M. WALKER** 20 NASHVILLE, TN 37215-

USPS TRACKING

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0681 83

United States Postal Service Sender: Please print your name, address, and ZIP+4° in this box\*

17195 SILVER PKWY PMB #150 FENTON, MI 48430-3426

լինայլիակյալիվիրդնակիրըվիկարվինիանիիկրիկաիար

## SENDER: COMPLETE THIS SECTION "Restricted Delivery" but not signed by Complete Items 1, 2, and 3.

Chip

\$4.10

DEFENDANT as required.

rint your name and address on the reverse to that we can return the card to you.

Attach this card to the back of the maliplece, or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER

NASHVILLE, TN 37215-



9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE	THIS SECTIO	N ON DEL	IVERY
----------	-------------	----------	-------

☐ Agent Addressee

(Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®

Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery

☐ insured Meli

☐ Registered Mail \*\*
☐ Registered Mail Restricts Delivery
☐ Signature Confirmation\*\*
☐ Signature Confirmation\*\*
☐ Signature Confirmation\*\* estricted Delivery

Insured Mail Restricted Delivery (over \$500)

**Domestic Return Receipt** 

☐ Priority Mail Express®

DEFENDANT: CHARLES M. WALKER

UNITED STATES
POSTAL SERVICE.

**FENTON** 210 S LEROY ST FENTON. MI 48430-9998 (800) 275 - 8777

08/24/2024 02:06 PM Qty Unit Price Product Price \$14.25 Priority Mail®

Nashville, TN 37215 Weight: 3 lb 10.90 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00

1p to \$100.00 included Real icted Del \$12.75 Recipient name

CHARLES M WALKER Tracking #:

→ 70203160000230014889 Return Receipt \$4.10

Tracking #: 9590 9402 8627 3244 0681 83 \$31.10 Total

Grand Total: \$200.20

Credit Card Remit \$200.20 Card Name: VISA

Account #: XXXXXXXXXXXXXX8359

Approval W: 314260 Transaction #: 188 AID: A0000000031010

Chip AL: VISA CREDIT

PIN: Not Required

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 80 40 For delivery information, visit our website at www.usps.com\*. Hastrai Isla Kath 37215 3007 Certified Mail Fee **50**5 (0 Extra Services & Fees (check box, add fee as appropriation Receipt (hardcopy) \$1 Return Receipt (electronic) **Postmakk** Gertified Mail Restricted Delivery 10.0 Adult Signature Required Adult Signature Restricted Delivery \$ 19 \$14.25 Maldy many H Total Postage and Fees 7020 **CHARLES M. WALKER** NASHVILLE, TN 37215-

USPS TRACKING #

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 O681 A3

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box\*

17195 SILVER PKWY **PMB #150** FENTON, MI 48430-3426

դիժութինուհյալիներինայիներովիներիների կորհանկիրիայիութի

SENDER: COMPLETE THIS SECTION

"Restricted Delivery" but not signed by complete Items 1, 2, and 3. DEFENDANT as required.

rint your name and address on the reverse o that we can return the card to you.

Attach this card to the back of the malipiece, or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER

NASHVILLE, TN 37215-

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

Signature

Addressee Received by (Printed Name)

C. Date of Delivery

Sylepha walk is delivery address different from Item 1?

If YES, enter delivery address below:

□ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery

Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery

☐ Insured Mail
☐ Insured Mail Restricted Delivery
(over \$500)

☐ Registered Meli™
☐ Registered Meli Restricts
Delivery
☐ Signature Confirmation™ nature Confirmation

Restricted Delivery

☐ Priority Mail Expr

· Case 1:23-CV-01097-PLM-RSK EEFN 0:9639-7-ageno:152749 File Filo 1000424 / Fage 1000 21

DEFENDANT: SAMUEL F. ANDERSON



PIN: Not Required

Receipt #: 840-54930036-3-6753228-2

UFN: 255460-0451

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mall Only 47 For delivery information, visit our website at www.usps.com\* Noshyi I'le ETH 37217 Certified Mail Fee 301 Extra Sorvices & Fees (check box, et Return Receipt (hardcopy)

Return Receipt (electronic) dd 100 4 00 /00 ru 11/ Certified Mail Restricted Delivery 10,00 Adult Signature Required 40.00 Adult Signature Hestricted Delivery 5 \_D HE HE 08/24/202 Total Postage and Fees SAMUEL F. ANDERSON īū 37215-NASHVILLE, TN

#### HIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## SAMUEL F. ANDERSON

NASHVILLE, TN



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

00 2212 1110 02011011 011 0	
A. Signature	
v	☐ Agent
X	☐ Address
B. Received by (Printed Name)	C. Date of Delive

If YES, enter delivery address below: 

No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- M. Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- C Insured Mail
- ☐ Insured Mall Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mail Express®
☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

☐ Signature Confirmation<sup>™</sup>

☐ Signature Confirmation

Restricted Delivery

DEFENDANT: SAMUEL F. ANDERSON



PIN: Not Required

Receipt #: 840-54930036-3-6753228-2

UFN: 255460-0451

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only S 47 For delivery information, visit our website at www.usps.com\*. Nostry i I'le (STN 37215 07 Certified Mail Fee m Extra Sorvicos & Foes (check box, add fee as apprehing)

Return Receipt (hardcopy)

Return Receipt (electronic) Return Receipt (nardcopy)

Return Receipt (electronic) Certified Mail Restricted Delivery
Adult Signature Required 10,00 40.00 Adult Signature Hestricted Delivery \$ 209 \$14.25 H 08/24/2029 Total Postage and Fees SAMUEL F. ANDERSON 37215-NASHVILLE, TN

#### HIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## SAMUEL F. ANDERSON

37215-NASHVILLE, TN



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

☐ Agent ☐ Addressee
C. Date of Delivery
No urn Receipt
isappeared

The Successful Delivery

COMPLETE THIS SECTION ON DELIVERY

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery
- (over \$500)

**Domestic Return Receipt** 

Priority Mail Express® ☐ Registered Mail

☐ Registered Mall Restricted Delivery

☐ Signature Confirmation™
☐ Signature Confirmation

Restricted Delivery

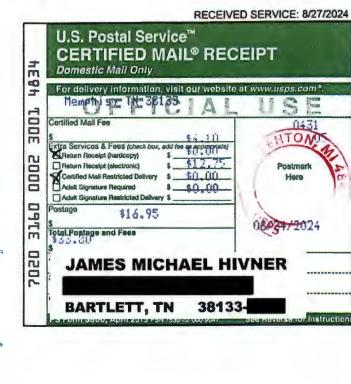
• Case 1:23-cv-01097-PLM RSK ECF No. 96139-pagenge 927589-31ed Filo10402424-25ge 1136-29 of 60

DEFENDANT: JAMES MICHAEL HIVNER



Clerk: 05

11	U.S. Postal Service™ CERTIFIED MAIL® REC Domestic Mail Only	EIPT
חחחב שחחח	For delivery information, visit our website    Memorin   Style The 38135	Postmark Here
לוב ובחל	Postage \$16.95  Total Postage and Fees  JAMES MICHAEL HI  BARTLETT, TN 38133	



DEFENDANT: JAMES MICHAEL HIVNER UNITED STATES POSTAL SERVICE. **FENTON** 210 S LEROY ST FENTON, MI 48430-9998 (800) 275-8777 08/24/2024 02:06 PM Oty Unit Price Pi uduct Price Priority Mails \$16.95 Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name JAMES M HIVNER Tracking #: 70203160000230014834 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81 \$33,80 Grand Total: \$200.20 Credit Card Remit \$200.20 Card Name: VISA Account #: XXXXXXXXXXXXXX359 Approval #: 314260 Transaction #: 188 AID: A0000000031010 Chip AL: VISA CREDIT PIN: Not Required UFN: 253200-0431 Receipt #: 840-54930020-3-6269723-1 Clerk: 05

· Case 1:23 cv-01697-PLM-RSRK ECF-No. 96-13,9 Fage 19. 92768 95 led 507649242 46 age 1239 23

DEFENDANT: ANDY DWANE BENNETT



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Mail® \$14.25 Hermitage, TN 37076 Weight: 3 lb 11.20 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total \$31.10

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Receipt #: 840-54930036-1-5531338-2

Approval #: 518290 Transaction #: 717 AID: A000000031010

AL: VISA CREDIT PIN: Not Required

Grand Total:

Credit Card Remit

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 20 Domestic Mail Only For delivery information, visit our IDE Certifled Mail Fee JE. Extra Services & Fees (check box, 2 Return Receipt (hardcopy) Return Receipt (electronic) Postmeri AUG 2 8tor 2024 Certifled Mail Restricted Del Adult Signature Required Adult Signature Restricted Dell 20 )8/28/20 파 Total Postage and Fees 20 ANDY DWANE BENNETT 20 37076 HERMITAGE, TN

HIS SECTION

■ Complete items 1, 2, and 3.

Chip

\$303.60

\$303,60

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece. or on the front if space permits.

1. Article Addressed to:

ANDY DWANE BENNETT

HERMITAGE, TN 37076-



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from carries label) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature	
X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- E Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- ☐ Insured Mall Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mail Express®

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

☐ Registered Mali<sup>™</sup> ☐ Registered Mail Restricted Delivery **DEFENDANT: ANDY DWANE BENNETT** 



Priority Mail® \$14.25 Hermitage, IN 37076 Weight: 3 lb 11.20 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99 Total \$31.10 Grand Total: \$303.60 Credit Card Remit \$303,60 Card Name: VISA Account #: XXXXXXXXXXXXXXX359 Approval #: 518290 Transaction #: 717

AID: A0000000031010

Receipt #: 840-54930036-1-5531338-2

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 20 Domestic Mail Only For delivery information, visit our website at www.usps.com OF Certified Mail Fee 36 Extra Services & Fees (check box, add fee as ap Return Receipt (hardcopy) Return Receipt (electronic) AUG 2 81000024 Certified Mail Restricted Del Adult Signature Restricted Delivery 8 50 古 Total Postage and Fees 20 ANDY DWANE BENNETT 201 37076-HERMITAGE, TN

#### HIS SECTION

Complete items 1, 2, and 3.

Chip

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

# **ANDY DWANE BENNETT**

HERMITAGE, TN 37076-



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from carriere labell 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON D	ELIVERY
A. Signature	
v	☐ Agent
X	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 

No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

3.	Service Type
	Artelt Clansham

- Adult Signature Restricted Delivery
   Certified Mail®
- M Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

• Case 1:23-6V-01097-PLM-RSK EEFNU.096-39-2-ageno:52-7799Filed-10/04/244/Page P3-98-21

DEFENDANT: FRANK GOAD CLEMENT JR.



PIN: Not Required

Receipt #: 840-54930036-1-5531338-2

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 8/30/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 516 For delivery information, visit our website at www.usps.com Muz O TE .E Cortified Mail Fee 36 Extra Services & Fees (check box Return Receipt (hardcopy) Return Receipt (electronic) Certified Mail Restricted Delivery
Adult Signature Required UG 28 Adult Signature Restricted Delivery \$ ostage 50 \$14.25 Total Postage and Fees mi USPS 20 FRANK GOAD CLEMENT JR. 70 37205-NASHVILLE, TN

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205-



9590 9402 8627 3244 0682 82

Article Number (Transfer from sensing John 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION	LONDELIVEDY
	I UIY DELIVERT

- A. Signature
- X

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery

- D. Is delivery address different from item 1?
- If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
- Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mall Express®
- Registered Mail Tra
   Registered Mail Restricted
   Delivery
   Signature Confirmation Tra
- ☐ Signature Confirmation
- Restricted Delivery



PIN: Not Required

Receipt #: 840-54930036-1-5531338-2

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 8/30/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only م 57 For delivery information, visit our website at www.usps.com No 3 O Certified Mail Fee 35 Extra Services & Fees (check box, add fee Return Receipt (electronic) Certified Mail Restricted De Adult Signature Required JG Adult Signature Restricted Delivery \$ 20 \$14.25 T T Total Postage and Fees 20 FRANK GOAD CLEMENT JR. 무 37205-NASHVILLE, TN

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## FRANK GOAD CLEMENT JR.

37205-NASHVILLE, TN



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from sensing Johns 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- X

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)

- C. Date of Delivery

If YES, enter delivery address below: \( \square\$ No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After **The Successful Delivery** 

- 3. Service Type
- ☐ Adult Signature
- Adult Signature Restricted Delivery
- ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail ☐ Insured Mail Restricted Delivery
- (over \$500)
- Domestic Return Receipt

☐ Priority Mall Express® ☐ Registered Mail™
☐ Registered Mail Restricted
Delivery
☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

\* Case 1:23-6V-01097-PLM-RSK EEFND.096-39-2-agend:52-789 Filed 10/04/244/Page 14/04/24

**DEFENDANT: WILLIAM NEAL MCBRAYER** 



Grand Total:

Credit Card Remit

UFN: 255460-0451

Card Name: VISA Account #: XXXXXXXXXXXXX8359

Approval #: 518290 Transaction #: 717 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

RECEIVED SERVICE: 8/31/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 끮 Domestic Mail Only For delivery information, visit our website at www.usps.com 51 EN. W 36. Extra Services & Fees (check box, leturn Receipt (hardcopy) Return Receipt (electronic) Certified Mail Restricted Delh
Adult Signature Required Adult Signature Restricted Delivery \$ 20 \$14.25 Total Postage and Fees ru USPS 20 **WILLIAM NEAL MCBRAYER** 무 ERENTWOOD, TN 37027-

Receipt #: 840-54930036-1-5531338-2 Clerk: 6

#### SENDER: COMPLETE THIS SECTION

\$303.60

■ Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

## WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLET	E THIS SECTION	ON ON DELIVERY
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- A. Signature

- ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
- C. Date of Delivery

- D. is delivery address different from item 1? Yes If YES, enter delivery address below:

## This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®

   Certified Mail Restricted Delivery

- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- C Insured Mail
- (over \$500)
- ☐ Insured Mail Restricted Delivery
- ☐ Signature Confirmation™
  ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mall Restricted Delivery



PIN: Not Required

Receipt #: 840-54930036-1-5531338-2

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 8/31/2024 U.S. Postal Service \*\* CERTIFIED MAIL® RECEIPT Domestic Mail Only m For delivery information, visit our website at www.usps.com 57 FN. M 36 Extra Services & Fees (check box, edd for Return Receipt (hardcopy) \$\_ Return Receipt (electronic) Certified Mail Restricted Deliver Adult Signature Required Adult Signature Restricted Dailvery \$ 50 \$14.25 Total Postage and Fees USPS 020 **WILLIAM NEAL MCBRAYER** ERENTWOOD, TN 37027-

SENUEH:	COMPLETE	<b>CHIS</b>	SECTION
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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

: PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION OF	DELIVERY
A. Signature	
X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different for If YES, enter delivery address This USPS Re- Mysteriously I It was Never Re- The Success	turn Receipt Disappeared eturned Afte
3. Service Type	☐ Priority Mail Express®

- Certified Mail® ☐ Collect on Delivery

☐ Adult Signature Restricted Delivery

□ Adult Signature

- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mall
- ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

☐ Registered Mall™ Registered Mali Restricted Delivery

☐ Insured Mall Restricted Delivery (over \$500)

Case 1:233 CV-011097 Ph. M. PRSK EEFN 10: 9639-2 Page 10:192590 File tile til 10:1004/24/45age P19506124. RECEIVED SERVICE: 9/12/2024 JUSTICE SHARON G. LEE

DEFENDANT: TENNESSEE SUPREME COURT



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

09/10/2024 02:07 PM Oty Unit Price Product Price \$18.85 Priority Mail®

Knoxville, TN 37919 Weight: 9 lb 2.2 oz Expected Delivery Date Thu 09/12/2024 Insurance Up to \$100.00 included Restricted Del \$12.75

Recipient name SHARRON G LEE Tracking #: 70202450000036716188

Return Receipt \$4.10 Tracking #: 9590 9402 8418 3156 9888 87

Total \$35.70

\$35.70 Grand Total: Credit Card Remit \$35.70

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 310170 Transaction #: 818 AID: A0000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com Certified Mail Fee INDEN, MI 4085 36 Extra Services & Fees (check box, add fee as approp Return Receipt (hardcopy)
Return Receipt (electronic) \* Politishrk Cortified Mall Restricted Delivery Here Adult Signature Required 1 0 2024 Adult Stonature Restricted Delivery \$ \$13.35 89/10/2024 Total Postage and Fees 7020 SHARON GAIL LEE

KNOXVILLE, TN 37919-

CLIEBLIN. COMPLETE THIS SECTION

\$0.00

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mallpiece, or on the front if space permits.
- 1. Article Addressed to:

SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature	
X	☐ Agent
^	☐ Addresse
B. Received by (Printed Name)	C. Date of Deliver
D. Is delivery address different from If YES, enter delivery address b	elow: No

COMPLETE THIS SECTION ON DELIVERY

**Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- □ Adult Signature

☐ Insured Mail

- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery
- ☐ Signature Confirmation™ ☐ Signature Confirmation
  - Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mall\*\*\*
☐ Registered Mall Restricted Delivery

DEFENDANT: TENNESSEE SUPREME COURT



LINDEN 215 S MAIN ST

LINDEN, (80 09/10/2024	02:07 PM		
Product	Qty	Unit Price	Price
Priority Maile Knoxville, TN 3 Weight: 9 lb 2. Expected Delive Thu 09/12/2	2 oz ery Date	9	\$18.85
Insurance Up to \$100.		luded	\$0.00
Restricted Del Recipient r SHARRON Tracking #:	name V G LEE		\$12.75
Return Receipt Tracking #:			\$4.10
		3156 9	\$88 87 \$35.70

Of 60 JUSTICE SHARON G. LEE RECEIVED SERVICE: 9/12/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 88 Domestic Mail Only For delivery information, visit our website at www.usps.com INDEN, MI 4895 m xira Services & Fees (check box, add fee as appropr Return Receipt (herdcopy)

Return Receipt (electronic) 0000 Pollmbrk. Certified Mall Restricted Del Adult Signature Required SEP 10 2024 Adult Signature Restricted Delivery \$ 20 13.35 69/10/2024 Total Postage and Fees 밀 SHARON GAIL LEE KNOXVILLE, TN 37919-

UFN: 255460-0451

Grand Total:

Credit Card Remit

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 310170 Transaction #: 818 AID: A000000031010

Receipt #: 840-54930036-1-5548566-2

Account #: XXXXXXXXXXXXXXX359

Clerk: 6

SERVELIT. COMPLETE THIS SECTION

\$35.70

\$35.70

Complete items 1, 2, and 3.

Chip

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

## SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

nt
<del>-</del> essee
elivery
3

COMPLETE THIS SECTION ON DELIVERY

D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Meil
  ☐ Insured Meil Restricted Delivery

- ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery

Priority Mall Expre

> CARL A NEUHOFF, JR. **HOSTETTLER, NEUHOFF & DAVIS, LLC 421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

> CARL A NEUHOFF, JR. HOSTETTLER, NEUHOFF & DAVIS, LLC **421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

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NASHVILLE, TN 37205-

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NASHVILLE, TN 37215-

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HOSTETTLER, NEUHOFF & DAVIS, LLC
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NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

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**ALEXANDER SERGEY KOVAL** 

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NASHVILLE, TN 37205-

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THOMAS E. ANDERSON

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HOSTETTLER, NEUHOFF & DAVIS, LLC
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NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215

**THOMAS E. ANDERSON** 

BRENTWOOD, TN 37027-

FENTON v. STORY et al.

Page 2 of 3

Case 1:23-cv-01097-PLM-RSK

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

ALEXANDER SERGEY KOVAL

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND !!!** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

MARY BETH AUSBROOKS
ROTHSCHILD & AUSBROOKS, PLLC
110 GLANCY ST STE 109
GOODLETTSVILLE, TN 37072-2314

R L MOORE
BANKERS TITLE & ESCROW CORPORATION
3310 WEST END AVE STE 540
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.
HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

CHARLES M. WALKER

NASHVILLE, TN 37215-

THOMAS E. ANDERSON

MARY BETH AUSBROOKS ROTHSCHILD & AUSBROOKS, PLLC 110 GLANCY ST STE 109 GOODLETTSVILLE, TN 37072-2314

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BANKERS TITLE & ESCROW CORPORATION
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NASHVILLE, TN 37203-6802

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HOSTETTLER, NEUHOFF & DAVIS, LLC
421 E IRIS DR STE 300
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

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NASHVILLE, TN 37205-

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NASHVILLE, TN 37215-

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**THOMPSONS STATION, TN 37179-**

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

HENRY EDWARD HILDEBRAND III

NASHVILLE, TN 37205-

CHARLES M. WALKER

NASHVILLE, TN 37215-

THOMAS E. ANDERSON

Coase11223CX7011097F4LMARSK ETCFNNO.10012, PagenD53853 FiledetD0012429 age 200f231
of 60 Received service: RECEIVED SERVICE: 8/26/2024

DEFENDANT: MICHAEL W. BINKLEY



215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/23/2024	,,,,	02:51 PM	
Product	Qty	Unit Price	Price
Priority Mails	1		\$14.25
Franklin, TN Weight: 3 lb Expected Deli Mon 08/26	10.60 oz very Date		
Insurance Up to \$10	0.00 Inc	luded	\$0.00
Restricted De Recipient	name EL W BIN		\$12.75

U,S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com Frankl | 11 1 137069 Certified Mail Fee 0451 JOE Extra Services & Fees (check box, edd fee K CPP COC ru \$12.75 AUG 213 2024 leturn Receipt (electronic) srtifled Mail Restricted Delivery \$0.00 Adult Signature Required \$0.0 Adult Signature Restricted Delivery \$ \$14.25 \_0 E E 08/23/2024 Total Postage and Fees \$31.10 USPS MICHAEL W. BINKLEY FRANKLIN, TN 37069-

Tracking #: 9590 9402 8627 3244 0685 03 Total \$31.10 Grand Total: \$31,10 Credit Card Remit \$31.10 Card Name: VISA Account #: XXXXXXXXXXXXXXXX359

70203160000230014711

Approval #: 313215 Transaction #: 660 AID: A000000031010

Return Receipt

AL: VISA CREDIT

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5521667-2

Clerk: 6

#### E THIS SECTION

Complete items 1, 2, and 3.

\$4.10

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

Chip

MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE	THIS	SECTION	ON	DELIVERY	

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. is delivery address different from item 1? Yes If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared, **Was Never Returned Even** 

After Successful Delivery.

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Meli®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mali
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

**Restricted Delivery** 

02:51 PM

\$0.00

\$12.75

CERTIFIED MAIL® RECEIPT

For delivery information, visit our website at www.usps.com

TOPPORT

\$12.

\$0.00

\$0.0

MICHAEL W. BINKLEY

FRANKLIN, TN 37069-

U,S. Postal Service™

Frankl | III | IN | 37069

Extra Services & Fees (check box, add fee

Adult Signature Restricted Delivery \$

\$14.25

Return Receipt (hardcopy)

Adult Signature Required

Total Postage and Fees \$31.10

turn Receipt (electronic)

Domestic Mail Only

Certified Mail Fee

3001

378 0451

AUG Patrian 2024

08/23/2024

USPS

LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

Product	Qty	Unit Price	Price
Priority Maile	1		\$14.25
Franklin, TN 3 Weight: 3 lb 10	0.60 oz		

Expected Delivery Date Mon 08/26/2024 Up to \$100.00 included

08/23/2024

Restricted Del Recipient name HICHAEL W BINKLEY

Tracking #: 70203160000230014711 Return Receipt \$4.10

Tracking #: 9590 9402 8627 3244 0685 03 Total \$31.10

Grand Total: \$31.10

Credit Card Remit \$31,10

Card Name: VISA Account #: XXXXXXXXXXXXXXX8359 Approval #: 313215 Transaction #: 660

AID: A0000000031010 Chip AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451 Receipt #: 840-54930036-1-5521667-2

Clerk: 6

#### E THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front if space permits.
- 1. Article Addressed to:

MICHAEL W. BINKLEY

FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent □ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: \( \square\) No

This USPS Return Receipt Mysteriously Disappeared, **Was Never Returned Even** After Successful Delivery.

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
- **E** Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Re
- C Insured Mel
- ☐ Insured Mail Restricted Desivery (over \$500)

Domestic Return Receipt

☐ Priority Mell Expre

☐ Registered Mail™
☐ Registered Mail Restricted

☐ Signature Confirmation™

☐ Signature Confirmation **Restricted Delivery** 

Case 1:23 CV - 1:097 - PLM - RSK ECF NO: 100 - 2, Pager 1:23 CV - 1:09242 - Page 30 0 f 221 RECEIVED SERVICE: 8/26/2024

**DEFENDANT: ELAINE B. BEELER** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AH Oty Product Unit Price Price

Priority Mail® Franklin, TN 37064 Weight: 3 lb 10.80 oz Expected Delivery Date Mon 08/26/2024

> Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75

\$14.25

Chip

Recipient name ELAINE B BEELER

Tracking #: 70203160000230014704 Return Receipt \$4.10

Tracking #: 9590 9402 8627 3244 0684 97 Total \$31.10

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA Account #: XXXXXXXXXXXXXXX359

Approval #: 014252 Transaction #: 185

AID: A000000031010 AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com From 1 1 1 137 MA 137 MAY TODE Certified Mail Fee 0451 Extra Services & Fees (check box, add fee as enpropriate) DEN. MI 4845, Return Receipt (hardcopy) ru 10.00 Postmark Return Receipt (electronic) Certifled Mail Restricted De Here Adult Signature Required \$0/00 Adult Signature Restricted Delivery \$ AUG 08/24/2024 114.25 ... TE Total Postage and Fees 020 ELAINE B. BEELER City, FRANKLIN, TN 37064

USPS TRACKING #

First-Class Mall Postage & Fees Paid LISPS Permit No. G-10

9590 9402 8627 3244 0684 97

4

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box°

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

դինդիակրիրկանվիրիինիկինումիկրինիաին

#### SENDER: COMPLETE THIS SECTION

- B. Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## **ELAINE B. BEELER**

FRANKLIN, TN 37064



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4704

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

- A. Signature

- ☐ Agent ☐ Address
- B. Received by (Printed Name)
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
  If YES, enter delivery address below: No

This USPS Return Receipt **Was Mysteriously Missing** A Signature and Any **Information About Delivery** 

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mail®
   Certified Mail Restricted Delivery
- Collect on Delivery
  Collect on Delivery Restricted Deli
- Registered Mail Res Delivery re Confirm icted Delivery

Priority Mail Expres

☐ Incured Mail Restricted Delivery (over \$500)

**DEFENDANT: ELAINE B. BEELER** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/24/2024 11:25 AM Unit Price Product Oty Price

Priority Mail® \$14,25 Franklin, TN 37064 Weight: 3 lb 10.80 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name

ELAINE B BEELER Tracking #: → 70203160000230014704 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 97

Total \$31.10

\$147.60 Grand Total:

Credit Card Remit \$147.60 Card Name: VISA Account #: XXXXXXXXXXXXXXXX

Approval #: 014252 Transaction #: 185

AID: A000000031010 AL: VISA CREDIT Chip

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753461-2

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com Frontyl Im. IN 37mi 10 Certified Mail Fee 0451 06 N Postmark \$0/00 Adult Signature Required Adult Signature Restricted Delivery \$ UG08/24/2024 114.25 J.E Total Postage and Fees 7020 **ELAINE B. BEELER** Stree City, FRANKLIN, TN 37064

USPS TRACKING #

First-Class Mall Postage & Fees Paid Permit No. G-10

9590 9402 8627 3244 0684 97

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4\* in this box\*

**17195 SILVER PKWY** PMB #150 FENTON, MI 48430-3426

գիկայիավորիկակիլիկիլիկերակիակիլիովորիակի

#### SENDER: COMPLETE THIS SECTION

- M. Complete items 1, 2, and 3.
- M. Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece, or on the front if space permits.
- 1. Article Addressed to:

## **ELAINE B. BEELER**

FRANKLIN, TN 37064



9590 9402 8627 3244 0684 97

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4704 PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? If YES, enter delivery address below:

**This USPS Return Receipt Was Mysteriously Missing** A Signature and Any

Information About Delivery

- 3. Service Type

- Adult Signature
   Adult Signature Restricted Delivery
   Certified Mail®
   Certified Mail®
   Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mell
  ☐ Insured Mell Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Priority Mail Express®

☐ Registered Mail Tell Registered Mail Restricted Delivery ☐ Signature Confirmation Tell

**DEFENDANT: KATHRYN YARBROUGH** <u>UNITED STATES</u> POSTAL SERVICE. LINDEN 215 S HAIN ST LINDEN, MI 48451-9998 (800) 275-8777 09/04/2024 01:45 PH Product Qty Unit Price Price Priority Mail® \$14.25 Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz Expected Delivery Date Fri 09/06/2024 \$0.00 Insurance Up to \$100.00 included \$12.75 Restricted Del Recipient name KATHRYN L YARBROUGH Tracking #: 70203160000230014698 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0684 80 \$31.10 Total \$85,40 Grand Total: \$85.40 Credit Card Remit Card Name: VISA Account #: XXXXXXXXXXXXXXXX Approval #: 214054 Transaction #: 241

AID: A000000031010

Receipt #: 840-54930036-3-6764826-2

AL: VISA CREDIT

UFN: 255460-0451

Clerk: 06

PIN: Not Required

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 98 Domestic Mail Only 46. For delivery information, visit our website at www.usps.com Thomsons Station : IN Sid. 10.00 NOEN, MI 483306 30 Extra Services & Fees (check box, add fee at (portate) Return Receipt (herdcopy)
Return Receipt (electronic) SEP 04 2024 Certified Mail Restricted Del
Adult Signature Required 10.00 Adult Signature Restricted Delivery \$ \$14.25 09/04/2024 Total Postage and Fees 7020 USP KATHRYN YARBROUGH Sir Cit THOMPSONS STATION, TN 37179-

USPS TRACKING#

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

RECEIVED SERVICE: 9/06/2024

9590 9402 8627 3244 0684 80

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box°

**17195 SILVER PKWY PMB #150** FENTON, MI 48430-3426

Chip

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpieca. or on the front if space permits.
- 1. Article Addressed to:

**KATHRYN YARBROUGH** 

THOMPSONS STATION, TN 37179-



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY A. Signature

☐ Agent ☐ Addresser

B. Received by (Printed Name)

C. Date of Delivery

D. is delivery address different from item 1? Yes if YES, enter delivery address below: No

RESTRICTED

- 3. Service Type
- S. Service Type

  Adult Signature

  Adult Signature Restricted Delivery

  Certified Mail®

  Certified Mail®

  Collect on Delivery

  Collect on Delivery

  Collect on Delivery Restricted Delivery
- ☐ Signature Confirmation<sup>®</sup>
  ☐ Signature Confirmation Collect on Delivery Restricted Delivery

☐ Insured Meli Insured Mail Restricted Delivery (over \$500)

**Domestic Return Receipt** 

Iricted Delivery

D Priority Mail Expre

**DEFENDANT: KATHRYN YARBROUGH** 



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

09/04/2024 01:45 PM Product Qty Unit Price Price

Priority Hail® \$14.25 Thompsons Station, TN 37179 Weight: 3 lb 12.00 oz Expected Delivery Date Fri 09/06/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75

Recipient name KATHRYN L YARBROUGH Tracking #: → 70203160000230014698 Return Receipt

\$4,10 Tracking #: 9590 9402 8627 3244 0684 80 Total \$31,10

\$85.40 Grand Total: Credit Card Remit \$85.40

Card Name: VISA Account #: XXXXXXXXXXXXXXXXX Approval #: 214054 Transaction #: 241

Chip

AID: A000000031010 AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6764826-2

Clerk: 06

of 60 SECOND SERVICE ATTEMPT RECEIVED SERVICE: 9/06/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 98 Domestic Mail Only For delivery information, visit our website at www.usps.com 3 Thomasons Station : 1 No. 3 ... 3001 Certified Mail Fee MI 484506 \$4.10 SEP 04 2024 112.77 Certified Mell Restricted Delivery
Adult Signature Required Adult Signature Re 20 \$14,25 09/04/2024 E Total Postage and Fees 7020 USF KATHRYN YARBROUGH Sir Cit THOMPSONS STATION, TN 37179-

USPS TRACKING#



9590 9402 8627 3244 0684 80

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box°

17195 SILVER PKWY PMB #150

FENTON, MI 48430-3426

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the malipiece. or on the front if space permits.
- 1: Article Addressed to:

## KATHRYN YARBROUGH

THOMPSONS STATION, TN 37179-



9590 9402 8627 3244 0684 80

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698

PS Form 3811, July 2020 PSN 7530-02-000-9053

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent ☐ Addresse

First-Class Mall Postage & Fees Paid

Permit No. G-10

B. Received by (Printed Name)

C. Date of Delivery

D. is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RESTRICTED

- 3. Service Type

- Adult Signature Restricted Deliver
   Acutt Signature Restricted Deliver
   Curtified Mail®
   Collect on Delivery
   Collect on Delivery

Priority Mail Exp

☐ Registered Mail<sup>196</sup>
☐ Registered Mail Res Delivery

Insured Mail Restricted Delivery (over \$500)

. Casse 1:23-cv-01007-PLM-RSK EEFN8.0108912, Page 10.5560 Filed 10/16/24/25 age 799 24

**DEFENDANT: ALEXANDER S. KOVAL** 



UFN: 255460-0451

Clerk: 06

Receipt #: 840-54930036-3-6753228-2

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only 47 For delivery information, visit our website at www.usps.com 3001 Certifled Mall Fee \$0.00 Extra Services & Fees (check box, ac no explipitalities 112.75 N Return Receipt (electronic) 10.00 Certified Mail Restricted De \$0.00 Adult Signature Required Adult Signature Restricted Delivery \$ 114.25 \_ Total Postage and Fees 7020 ALEXANDER KOVAL NASHVILLE, TN 37211



UFN: 255460-0451

Clerk: 06

Receipt #: 840-54930036-3-6753228-2



. Case 1:23-cV-01097-PLM-RSK EEFNo. 9-0639-2-Page 96! 936921 File File File 70 109/24/25 age 8-96234

**DEFENDANT: HENRY EDWARD HILDEBRAND III** 





**DEFENDANT: HENRY EDWARD HILDEBRAND III** 



Receipt #: 840-54930036-3-6753228-2

Clerk: 06

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT m Domestic Mail Only For delivery information, visit our website at www.usps.com Noshyi Lie - H SAZII BOOL Certified Mail Fee DEN, MI 4845, Extra Services & Fees (check box, add lee at hiprophotol Return Receipt (hardcopy) Certified Mell Restricted Delh \$0.00' Adult Signature Required Adult Signature Restricted Delivery \$ 3760 114.25 08/24/2024 Total Postage and Fees **HENRY HILDEBRAND III** N NASHVILLE, TN 37205-

. Case 1:23-CV-01097-PLM-RSK EEFNO.01069-1-2-Pagend B. 562-3 File til 10/10/24/2 page 9 9 9 22 RECEIVED SERVICE: 8/26/2024 DEFENDANT: CHARLES M. WALKER U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** T Domestic Mail Only



Clerk: 05

For delivery information, visit our website at www.usps.com No strail 1222 427 No 3721 5 3001 Certified Mail Fee 0431 05,0 T APPIDIT \$17.05 Return Receipt (electronic) Certified Mail Restricted De t0 0 Harn Adult Signature Regulard Adult Signature Restricted Delivery \$ Postage \$14.25 م NOTA Saus 37 Total Postage and Fees 7020 CHARLES M. WALKER NASHVILLE, TN 37215-

First-Class Mail

LISPS Permit No. G-10

Postage & Fees Paid



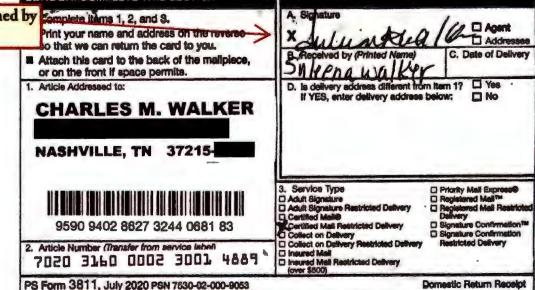
9590 9402 8627 3244 068% 83

United States **Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box

**17195 SILVER PKWY** PMB #150 48430-3426 FENTON, MI

- գինդինակցիքիցրիցիկցրվիցիվինիանիիցիցիցիաթ

### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION "Restricted Delivery" but not signed by complete items 1, 2, and 3. Print your name and address on the revers **DEFENDANT** as required. o that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: CHARLES M. WALKER



\$12.75

**DEFENDANT: CHARLES M. WALKER** 



FENTON 210 S LEROY ST FENTON, MI 48430-9998 (800) 275-8777

08/24/2024 02:06 PM Pi uduct Unit Price Price Priority Hail® \$14.25 Nashville, IN 37215 Weight: 3 lb 10,90 oz Expected Delivery Date Mon 08/26/2024 \$0.00 Insurance to \$100.00 included

> Recipient name CHARLES M WALKER Tracking #: → 70203160000230014889

Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0681 83

\$31.10 Total

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA Account #: XXXXXXXXXXXXXXX359

Approval #: 314260 Transaction #: 188 AID: A000000031010

Read Del

Chip AL: VISA CREDIT

PIN: Not Regulred

UFN: 253200-0431

Receipt #: 840-54930020-3-6269723-1

Clerk: 05

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Œ Domestic Mail Only 40 48 For delivery information, visit our website at www.usps.com No sirai la e na la 37215 A 3001 Certified Mail Fee Sec. 10 \$1000000 N Return Receipt (electronic) **Postmatic** Certified Meli Restricted Del **‡0,0** Here Adult Signature Restricted Delivery \$ Postage \$14.25 MQ1-11 20174 Total Postage and Fees CHARLES M. WALKER NASHVILLE, TN 37215-

USPS TRACKING #

First-Class Mail Postege & Fees Paid USPS Permit No. G-10

9590 9402 8627 3244 0681 83

**United States Postal Service**  Sender: Please print your name, address, and ZIP+4° in this box

17195 SILVER PKWY PMB #150 48430-3426 FENTON, MI

դիևդլինոկրյիկիլիկիրիկիանիինիանիիանիրիայու

"Restricted Delivery" but not signed by complete items 1, 2, and 3. DEFENDANT as required.

SENDER: COMPLETE THIS SECTION

rint your name and address on the reverse o that we can return the card to you.

Attach this card to the back of the malipiece,

or on the front if space permits.

1. Article Addressed to:

CHARLES M. WALKER

NASHVILLE, TN 37215

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4889

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

☐ Agent Address: C. Date of Delivery B. Repeived by (Printed Name) Meena walke

la delivery address different from item 1? If YES, enter delivery address below:

O Priority Mail Expo 3. Service Type

Adult Signature Restricted Delivery
 Cortified Meli®
 Collect on Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

☐ Signature Confirmation<sup>†</sup>
☐ Signature Confirmation
Restricted Delivery

☐ Incured Mail Restricted Delivery (over \$500)

. Case 1.232 cv 01097 PLMMRSRK ECF-No. 1063P-7 age 1098 39 File F 10/10/244/Page 1098 39

**DEFENDANT: SAMUEL F. ANDERSON** 



UFN: 255460-0451

Clerk: 06

Receipt #: 840-54930036-3-6753228-2

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only 'n 7 For delivery information, visit our website at www.usps.com No effoi Fire (ITH 37715 3001 000 Cartified Mall Re 10,00 Certified Met Havervieu 40.00 Adult Signature Restricted Delivery \$ 9 \$14.25 ALE B 08/24/2024 Total Postage and Fees 7020 SAMUEL F. ANDERSON 37215-NASHVILLE, TN

HIS SECTION

■ Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the malipiece, or on the front if space permits.

1. Article Addressed to:

# SAMUEL F. ANDERSON

NASHVILLE, TN 37215



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

☐ Agent ☐ Addressee ☐. Date of Delivery
C. Date of Delivery
n 1? Yes
n Receipt
appeared
rned Afte
Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- MC Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Incured Mail
  ☐ Incured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

☐ Signature Confirmation \*\*\*

tricted Delivery

nature Confirmation

☐ Priority Mell Expr

6

**DEFENDANT: SAMUEL F. ANDERSON** 

UNITED STATES POSTAL SERVICE.

LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

10:59 AM 08/24/2024 Unit Price Qty Product Price

Priority Mail® \$14.25 Nashville, TN 37215 Weight: 3 lb 10.70 oz Expected Delivery Date Mon 08/26/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name SAMUEL F ANDERSON Tracking #:

70203160000230014759 Return Receipt Tracking #: 9590 9402 8627 3244 0684

\$31.10

Grand Total: \$120.30 \$120.30 Credit Card Remit

Card Name: VISA Account #: XXXXXXXXXXXXXXX8359

Approval #: 904295 Transaction #: 184

AID: A0000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-3-6753228-2

Clerk: 06

Total

RECEIVED SERVICE: 8/26/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT T Domestic Mail Only Ē For delivery information, visit our website at www.usps.com No ship I I to [ THE 37919 300T Certified Mail Fee xtra Services & Fees (chec Meturn Receipt (hardcopy) Return Receipt (electronic) Services & Fees (check b 7000 n Postmark Certified Mell Restricted Delivery
Adult Signature Required 10.00/ 40.00 Adult Signature Restricted Delivery \$ \$14.25 H 08/24/2024 Total Postage and Fees 7020 SAMUEL F. ANDERSON 37215-NASHVILLE, TN AND STREET OF THE PROPERTY OF THE PARTY OF T

HIS SECTION

■ Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

\$4.10

Attach this card to the back of the malipiece, or on the front if space permits.

1. Article Addressed to:

SAMUEL F. ANDERSON

NASHVILLE, TN



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label) 7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON D
----------------------------

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes if YES, enter delivery address below: \( \subseteq No. \)

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After

The Successful Delivery

Service Type

**Adult Signature** 

Adult Signature Restricted Delivery
 Certified Mail®

M Certified Mail Restricted Delivery

Collect on Delivery
Collect on Delivery Restricted Delivery

☐ Insured Meil ☐ Insured Meil Restricted Delivery

☐ Registe

Domestic Return Receipt

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

D Priority Mell Expri

red Mail Restricted

. Case 1:23-CV-01097-PLM-RSK ECFNO 106912, PROBRED 53047 FILE 10/10/10/24/25 age 1100f21 of 60

63

**DEFENDANT: JAMES MICHAEL HIVNER** 



UFN: 253200-0431

Clerk: 05

Receipt #: 840-54930020-3-6269723-1

RECEIVED SERVICE: 8/27/2024 U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only m For delivery information, visit our website at www.usps.com Hemmin ar The 38185 Certified Mail Fee 0431 E ENTON xtra Services & Fees (check box, add fee es appeapris turn Receipt (herdcopy) 312.75 \$ \$0.00 Certified Mell Restricted B
Adult Signeture Required \$0.00 Adult Signature Restricted Delivery \$ 37P0 \$16.95 Total Postage and Fees 7020 JAMES MICHAEL HIVNER BARTLETT, TN 38133-

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery



UFN: 253200-0431

Clerk: 05

Receipt #: 840-54930020-3-6269723-1

RECEIVED SERVICE: 8/27/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www usps.com. TODE Certified Mail Fee 0431 MOTH xtra Services & Fees (check box, add fee or approprie Return Receipt therdcopyl \$12.75 Return Receipt (electronic) Certified Mail Restricted Deli Adult Signature Required Adult Signature Restricted Delivery \$ 37P( 116.95 Total Postage and Fees 7020 **JAMES MICHAEL HIVNER** 38133-BARTLETT, TN

This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery . Case 1:23-CV-01097-PLM-RSK EEFNO.01069-2-RagelD.9369-9-Filedil10/10/24/24-age-1206421



PIN: Not Required

Receipt #: 840-54930036-1-5531338-2

UFN: 255460-0451

Clerk: 6

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 27 . AUG 2 81-2024 Certified Mail Restricted D Adult Signature Required Adult Signature Restricted D 20 \$14.25 08/28/202 가 Total Postage and Fees 7020 ANDY DWANE BENNETT HERMITAGE, TN 37076

HIS SECTION

w Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANDY DWANE BENNETT

HERMITAGE, TN 37076-



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from service label) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON D.  A. Signature	CLIVENT
X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from If YES, enter delivery address b	Item 1? Yes
This USPS Retu Mysteriously D It was Never Re The Successfu	isappeared turned After

Service Type

☐ Collect on Delivery

☐ Adult Signature Restricted Delivery

Certified Mail Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

☐ Collect on Delivery Restricted Delivery

☐ Adult Signature

☐ Certified Mell

☐ Insured Mail

☐ Priority Mail Expre
☐ Registered Mail™
☐ Registered Mail Re

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

215 S MAIN ST LINDEN, MI 48451-9998 (800)275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Hail® \$14.25 Hermitage, TN 37076 Weight: 3 lb 11.20 oz Expected Delivery Date Fri 08/30/2024 Insurance \$0.00 Up to \$100.00 included Restricted Del \$12.75 Recipient name ANDY D BENNETT Tracking #: -> 70202450000036715150 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 99

RECEIVED SERVICE: 9/3/2024 U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only 20 57 9 0000 Adult Stoneture Required Adult Signature Restricted Di 50 \$14.25 08/28/202 Total Postage and Fees THE ST 7020 ANDY DWANE BENNETT HERMITAGE, TN 37076

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Account #: XXXXXXXXXXXXXX8359

Clerk: 6

Total

Grand Total:

Credit Card Remit

Card Name: VISA

AL: VISA CREDIT PIN: Not Required

Approval #: 518290 Transaction #: 717 AID: A000000031010

HIS SECTION

\$31.10

\$303.60

\$303.60

w complete items 1, 2, and 3.

Chip

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece. or on the front if space permits.

1. Article Addressed to:

ANDY DWANE BENNETT

HERMITAGE, TN 37076



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from service label) 7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? These

If YES, enter delivery address below: \[ \subseteq No

This USPS Return Receipt **Mysteriously Disappeared** t was Never Returned After The Successful Delivery

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mell

M Certified Mail Restricted Delivery

Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mell Restricted Delivery (over \$500)

☐ Priority Mail Expre

☐ Registered Meil™
☐ Registered Meil Re
Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

. Case 1:23-CV-01097-PLM-RSK EEFNO:100912-Page10:55001 Filed 10/10/10/24/2 Page 150/21

DEFENDANT: FRANK GOAD CLEMENT JR.



Up to \$100.00 included Restricted Del \$12.75 Recipient name FRANK G CLEMENT Tracking #: → 70202450000036715167 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 82

Grand Total: \$303.60 \$303,60 Credit Card Remit

Card Name: VISA Account #: XXXXXXXXXXXXXXX359 Approval #: 518290

Transaction #: 717 AID: A000000031010 AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

Total

RECEIVED SERVICE: 8/30/2024 U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mall Only 3 For delivery information, visit our websi m JG 28 12024 Certified Meil Restricted D Adult Signature Required Adult Signature Restricted Delic 20 Total Poetage and Fees 7020 FRANK GOAD CLEMENT JR. 37205-NASHVILLE, TN

### SENDER: COMPLETE THIS SECTION

\$31.10

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from service lehal 7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE	THIS	SECT	IUN	ON	DELIVE	HT

A. Signature

X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

if YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** It was Never Returned After The Successful Delivery

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Meli®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mall
  ☐ Insured Mall Restricted Delivery
  (over \$500)

Domestic Return Receipt

☐ Signature Confirmation

Restricted Delivery

Priority Mell Expre

DEFENDANT: FRANK GOAD CLEMENT JR.



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Halle \$14.25 Nashville, TN 37205 Weight: 3 lb 11.40 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name FRANK G CLEMENT Tracking #: 70202450000036715167

Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 82 Total \$31.10

Grand Total: \$303,60 \$303.50 Credit Card Remit

Card Name: VISA Account #: XXXXXXXXXXXXXX359

Approval #: 518290 Transaction #: 717 AID: A0000000031010 AL: VISA CREDIT

Chip

PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

RECEIVED SERVICE: 8/30/2024 U.S. Postal Service<sup>™</sup> CERTIFIED MAIL® RECEIPT Domestic Mail Only 51 n Certified Mail Restricted De Adult Signature Required Adult Signature Restricted Delivery \$ 2 \$14.25 Total Postege and Fees 7020 FRANK GOAD CLEMENT JR. 37205-NASHVILLE, TN

### SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

FRANK GOAD CLEMENT JR.

NASHVILLE, TN 37205

9590 9402 8627 3244 0682 82

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Acent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes If YES, enter delivery address below:

This USPS Return Receipt **Mysteriously Disappeared** 

It was Never Returned After The Successful Delivery

Service Type

- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
  ☐ Certified Mel®
- Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery

- ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

C Priority Mell Expre Registered Man Restricted

□ Registered Meil Restricter Delivery
 □ Signature Confirmation<sup>Tell</sup>

Signature Confirmation Restricted Delivery

**DEFENDANT: WILLIAM NEAL MCBRAYER** 



215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

08/28/2024 04:09 PM Product Qty Unit Price Price

Priority Mail® \$14.25 Brentwood, TN 37027 Weight: 3 lb 11.00 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included \$12.75 Restricted Dal Recipient name WILLIAM N MCBRAYER

Tracking #: 70202450000036715136 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75 \$31.10 Total

Grand Total: \$303.60 Credit Card Remit \$303.60

Card Name: VISA Account #: XXXXXXXXXXXXXXX359

Approval #: 518290 Transaction #: 717 AID: A0000000031010

Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only Л m 57 For delivery information, visit our website at wive usps com-DEN. M م xtra Services & Fees (check m 0000 Return Receipt (electronic) 2024 28 Cartified Mail Restricted Del Adult Signature Required Adult Signature Restricted Delivery \$ 50 \$14.25 Total Postage and Fees 그 USPS 믾 WILLIAM NEAL MCBRAYER ERENTWOOD, TN 37027-

#### SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits.
- 1. Article Addressed to:

WILLIAM NEAL MCBRAYER.

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

### **COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent ☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

This USPS Return Receipt

**Mysteriously Disappeared** It was Never Returned After

The Successful Delivery

- Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

  E Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery

- ☐ Insured Mail
  ☐ Insured Mail Restricted Dailvery
  (over \$500)
- ☐ Priority Mell Expres
- ☐ Registered Meli<sup>Tel</sup>
  ☐ Registered Meli Restricted
  Delivery
  ☐ Signature Confirmation<sup>Tel</sup>
- ☐ Signature Confirmation estricted Delivery

**DEFENDANT: WILLIAM NEAL MCBRAYER** 



LINDEN 215 S MAIN ST LINDEN, NI 48451-9998 (800)275-8777

08/28/2024 04:09 PM Qty Product Unit Price Price

Priority Hail® \$14.25 Brentwood, TN 37027 Weight: 3 lb 11.00 oz Expected Delivery Date Fri 08/30/2024 \$0.00 Insurance Up to \$100.00 included Restricted Del \$12.75 Recipient name WILLIAM N MCBRAYER Tracking #:

70202450000036715136 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0682 75 \$31.10 [ata]

Grand Total: \$303,60 Credit Card Remit \$303.60

Card Name: VISA Account #: XXXXXXXXXXXXXX8359

Approval #: 518290 Transaction #: 717

AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5531338-2

Clerk: 6

## U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only m For delivery information, visit our website at www.usps.com 175 SEN. V 36 000 28 Certified Mail Restricted De Adult Signature Required Adult Signature Restricted Delivery \$ 20 \$14.25 Total Postage and Fees TH USPS 7020 WILLIAM NEAL MCBRAYER ERENTWOOD, TN 37027-

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, \*\* or on the front if space permits.
- 1. Article Addressed to:

WILLIAM NEAL MCBRAYER.

BRENTWOOD, TN 37027



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVE	RY
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A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No

This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery

- 3. Service Type
- ☐ Adult Signature
  ☐ Adult Signature Restricted Delivery
- Certified Mail®

  E Certified Mail Restricted Delivery
- Collect on Delivery Collect on Delivery Restricted Defi

- Priority Mail Expre
- ☐ Registered Meli<sup>Thi</sup>
  ☐ Registered Meli Restricted
  Delivery
  ☐ Signature Confirmation<sup>Thi</sup>
- ☐ Signature Confirmation stricted Delivery
- ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery
  (over \$500)

• Case 1:23-EV-01097-PLM-RSK EEFNU.0100-1-2-Pagend.35685 Filed 16/10/24/2 Fage 19/04/21 JUSTICE SHARON G. LEE RECEIVED SERVICE: 9/12/2024

DEFENDANT: TENNESSEE SUPREME COURT



LINDEN 215 S MAIN ST LINDEN, MI 48451-9998 (800) 275-8777

02:07 PM 09/10/2024 Qty Unit Price Product Price \$18.85 Priority Mail® Knoxville, TN 37919 Weight: 9 lb 2.2 oz Expected Delivery Date Thu 09/12/2024 \$0.00 Insurance Up to \$100.00 included

SHARRON G LEE Tracking #: 70202450000036716188

Recipient name

Restricted Del

Return Receipt \$4.10 Tracking #: 9590 9402 8418 3156 9888 87

Total \$35.70

\$35.70 Grand Total: Credit Card Remit \$35.70

Card Name: VISA Account II: XXXXXXXXXXXXXXX359

Approval #: 310170 Transaction #: 818

AID: A000000031010

AL: VISA CREDIT PIN: Not Required

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at JNDEN, MI 48/85 36 Extra Services & Fees (check box, Return Receipt (herdcopy) Return Receipt (electronic) **Polithink** Certified Mall Restricted De Here Adult Signature Required SEP 10 2024 Adult Signature Restricted Delivery 5 20 \$18.35 09/10/2024 otal Postage and Fees 7020 SHARON GAIL LEE KNOXVILLE, TN 37919-

## SECTION

\$12.75

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

# SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

## A. Signature ☐ Agent X ☐ Addressee

COMPLETE THIS SECTION ON DELIVERY

B. Received by (Printed Name)

C. Date of Delivery

If YES, enter delivery address below: \( \square\$ No. This USPS Return Receipt **Mysteriously Disappeared** 

It was Never Returned After The Successful Delivery

- 3. Service Type
- □ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certifled Mail®
- Certifled Mail Restricted Delivery

- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
  ☐ Insured Mail Restricted Delivery
- Priority Mail Expr ☐ Registered Mati<sup>™</sup>
- ☐ Registered Mall Restricted Delivery
- ☐ Signature Confirmation<sup>1</sup> ☐ Signature Confirmation
- Restricted Delivery

DEFENDANT: TENNESSEE SUPREME COURT



02:07 PM 09/10/2024 Qty Unit Price Product Price Priority Mail® \$18,85 Knoxville, TN 37919 Weight: 9 lb 2.2 oz Expected Delivery Date Thu 09/12/2024 \$0.00 Insurance Up to \$100.00 included

Recipient name SHARRON G LEE Tracking #: 70202450000036716188 Return Receipt \$4.10 Tracking #: 9590 9402 8418 3156 9888 87 \$3

Grand Total: \$35,70

Credit Card Remit \$35.70 Card Name: VISA

Account #: XXXXXXXXXXXXXX8359 Approval #: 310170 Transaction #: 818

AID: A000000031010 Chip

AL: VISA CREDIT PIN: Not Required

Restricted Del

UFN: 255460-0451

Receipt #: 840-54930036-1-5548566-2

Clerk: 6

Total

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LENDER SECTION

■ Complete Items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

\$12.75

\$35.70

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

# SHARON GAIL LEE

KNOXVILLE, TN 37919-



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS S	ECTION ON DELIVERY
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A. Signature

☐ Agent □ Addressee

B. Received by (Printed Name)

C. Date of Dalivery

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below:

This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery

3. Service Type

lover \$500)

☐ Adult Signature
☐ Adult Signature Restricted Delivery

☐ Certified Mail®

Certified Mail Restricted Delivery ☐ Collect on Delivery

Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery

☐ Registered Mail \*\*
☐ Registered Mail Restrict Delivery
☐ Signature Confirmation\* ☐ Signature Confirms Restricted Delivery

☐ Priority Mail Expe

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> CARL A NEUHOFF, JR. HOSTETTLER, NEUHOFF & DAVIS, LLC **421 E IRIS DR STE 300** NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

THOMPSONS STATION, TN 37179-

**ALEXANDER SERGEY KOVAL** 

NASHVILLE, TN 37211-

**HENRY EDWARD HILDEBRAND III** 

NASHVILLE, TN 37205-

**CHARLES M. WALKER** 

NASHVILLE, TN 37215-

**THOMAS E. ANDERSON** 

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